

Name
in
Full

Joseph B Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Month	Days
1909		April	27	48		
Sex	male	Color or Race	Age		Birth-place	
Occupation	Farm hand		Where Residing if not at place of death		Calvert Co., Md.	
Married, Single or Widowed	Name of Wife or Husband		Stevensville, Md.			
Father's Name	Joseph B Brown		Father's Birthplace		Calvert Co., Md.	
Mother's Maiden Name	Unknown		Mother's Birthplace		" " "	
Name of person giving Information	Chas Freeland		How related to deceased		Cousin	

CAUSES OF DEATH

114

Primary

Gall Stones

How long

Unknown

Immediate

Repture of Gall Bladder

How long

few hours

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

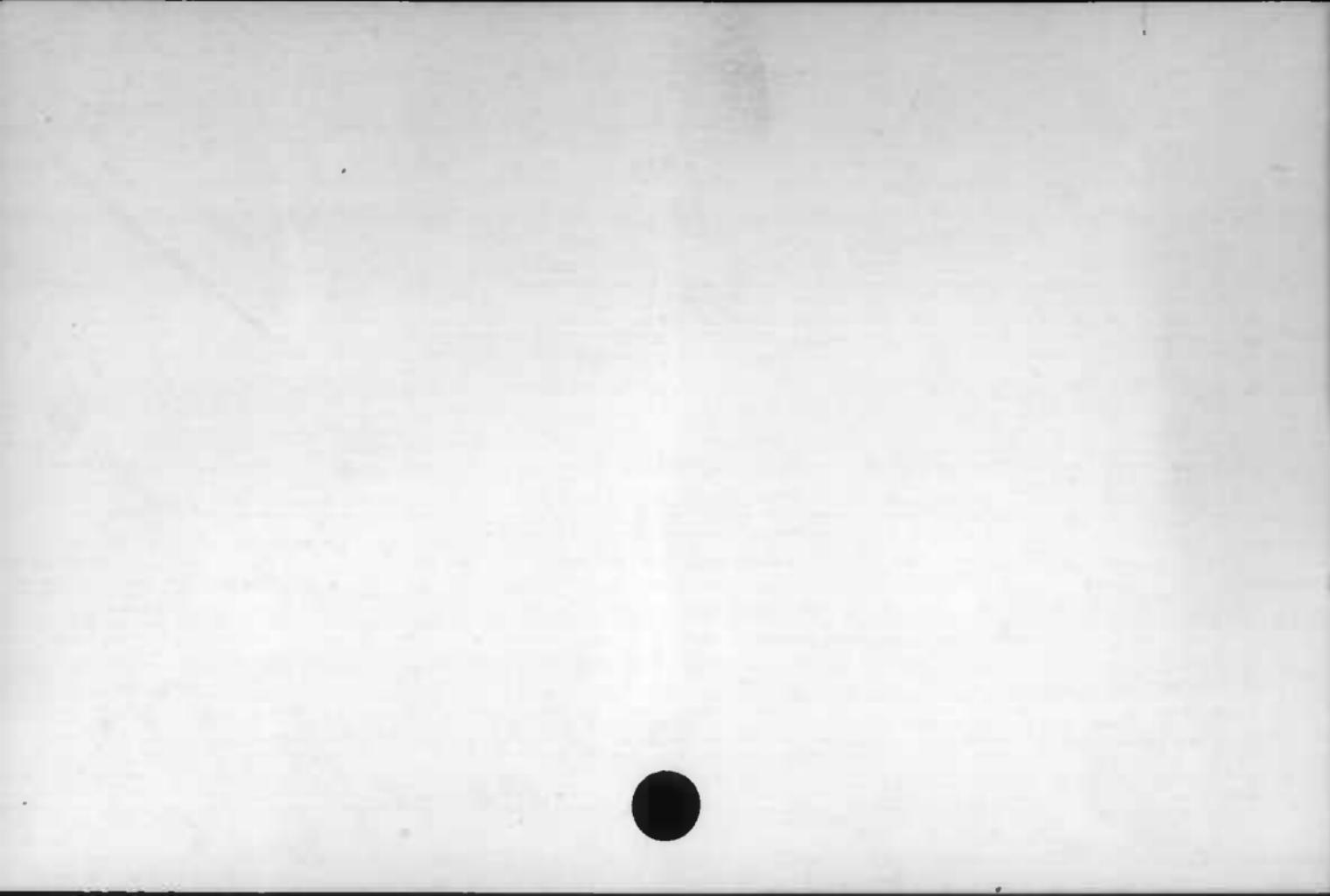
Address

Percy Kemp

Stevensville, Md

PHYSICIAN
OR CORONER

✓ Accident or Suicide

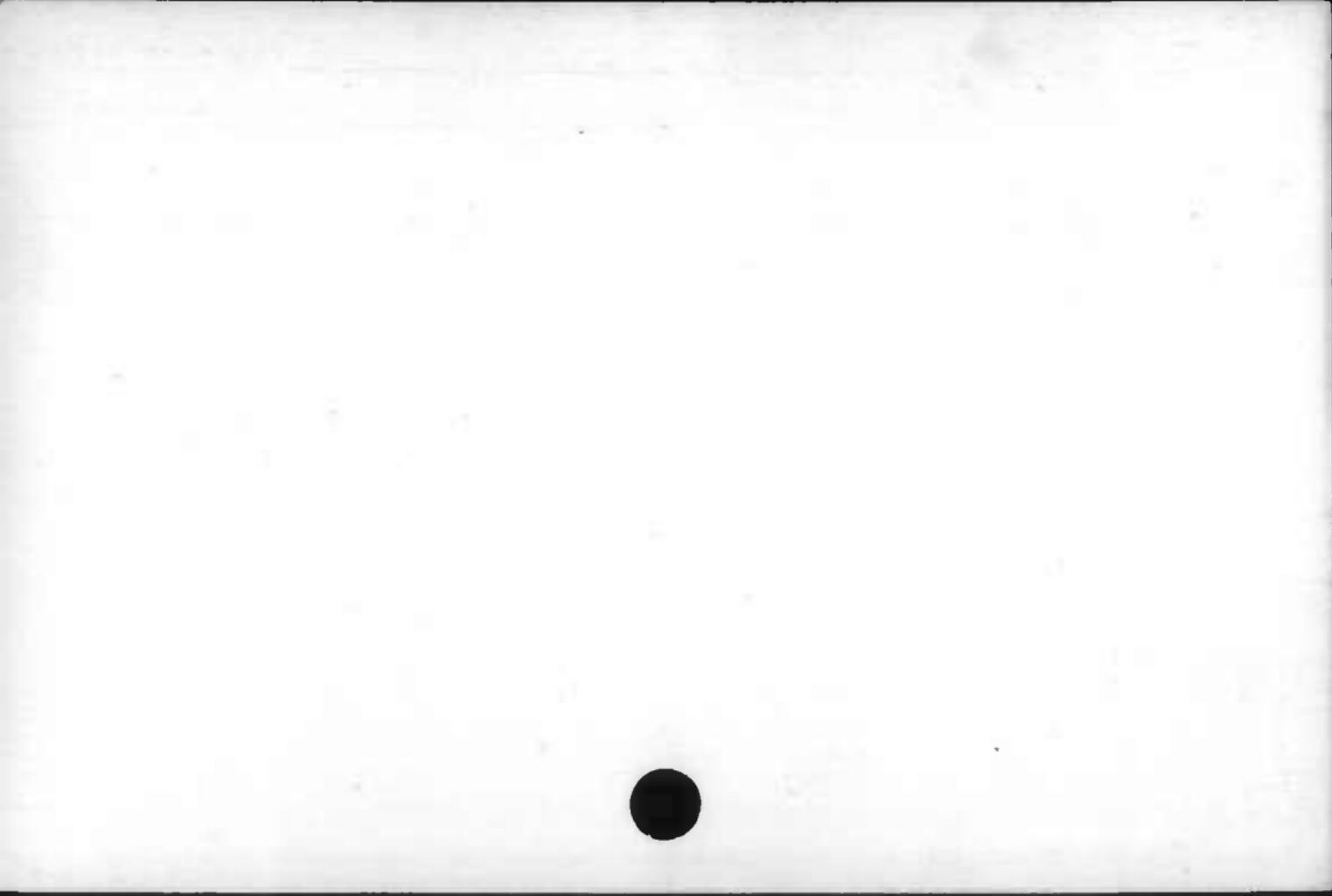


Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

		Child Brown		CERTIFICATE OF DEATH	
Died at		Town	County	MARYLAND	
Date of death	1909	Month April	Day 27	Year	Months
Age	Slice Boned		Day		
Sex	Not Known	Color or Race	Black	Birth-place	Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Not Known		Father's Birthplace	Not Known	
Mother's Maiden Name	Annie Brown		Mother's Birthplace	Md	
Name of person giving Information	Mas - Haee		How related to deceased	Uncle	
CAUSES OF DEATH					
Primary	Pneumonia				
Immediate	No Physician				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
yes			R.H Phillips Sub Prg Barclay Md		
			Address		
Accident or Suicide					



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Stephen Cannmille

CERTIFICATE OF DEATH

Died at Church Hills

Queen Anne's

MARYLAND

Date of death 1909

Month April

Day 27

Years 77

Months 3

Days

Sex

Male

Color or Race

Black

Birth-place

Kent Co. Del

Occupation

Labours

Where Residing if not
at place of death

At place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Lillie Wilson

Father's Name

Unknown

Father's Birthplace

Unknown

Mother's Maiden Name

Unknown

Mother's Birthplace

Unknown

Name of person giving
Information

Lillie Cannmille

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Injury to head from a tire following in 6 past

66

How long

Immediate

Paralysis

How long

2 weeks

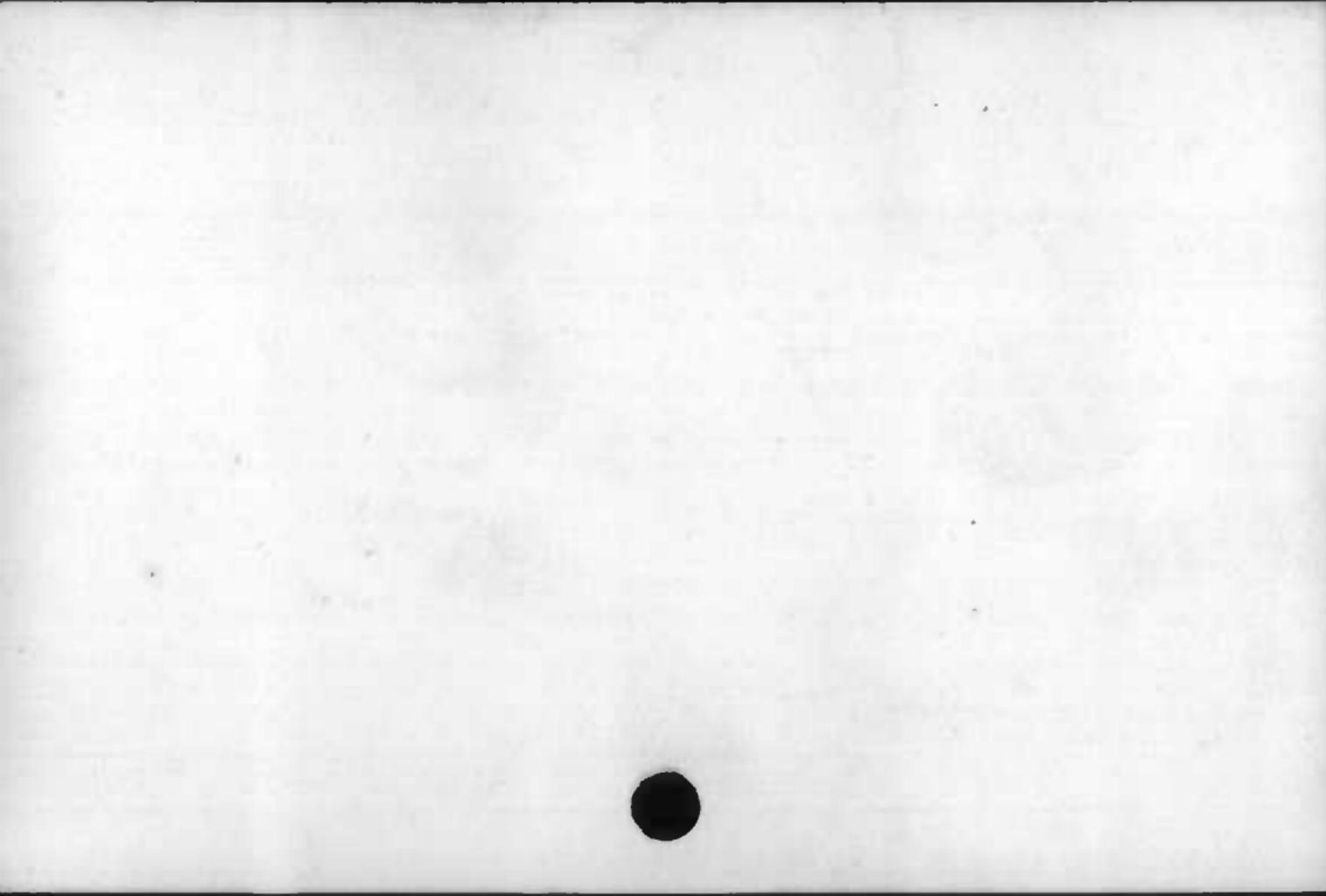
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

W. Coppedge M.D.
Church Hills

Accident



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full						CERTIFICATE OF DEATH		
Died at			Town		County		X	
Date of death		Month	Day	Years		Months	Days	
Sex		Female	Color or Race	Age 20		4	18	
Occupation		Where Residing if not at place of death				Birth- place		
Married Single or Widowed		Name of Wife or Husband		Centreville				
Father's Name		Alex Comegys				Centreville		
Mother's Maiden Name		Maria Bids				Queen Anne		
Name of person giving Information		Alex Comegys				Centreville		

CAUSES OF DEATH

132

How long

4 weeks

How long

2 weeks

Primary

Balpingitis

Immediate

Peritonitis

Are the name, age, sex, color, date
and place correctly given above?

yes

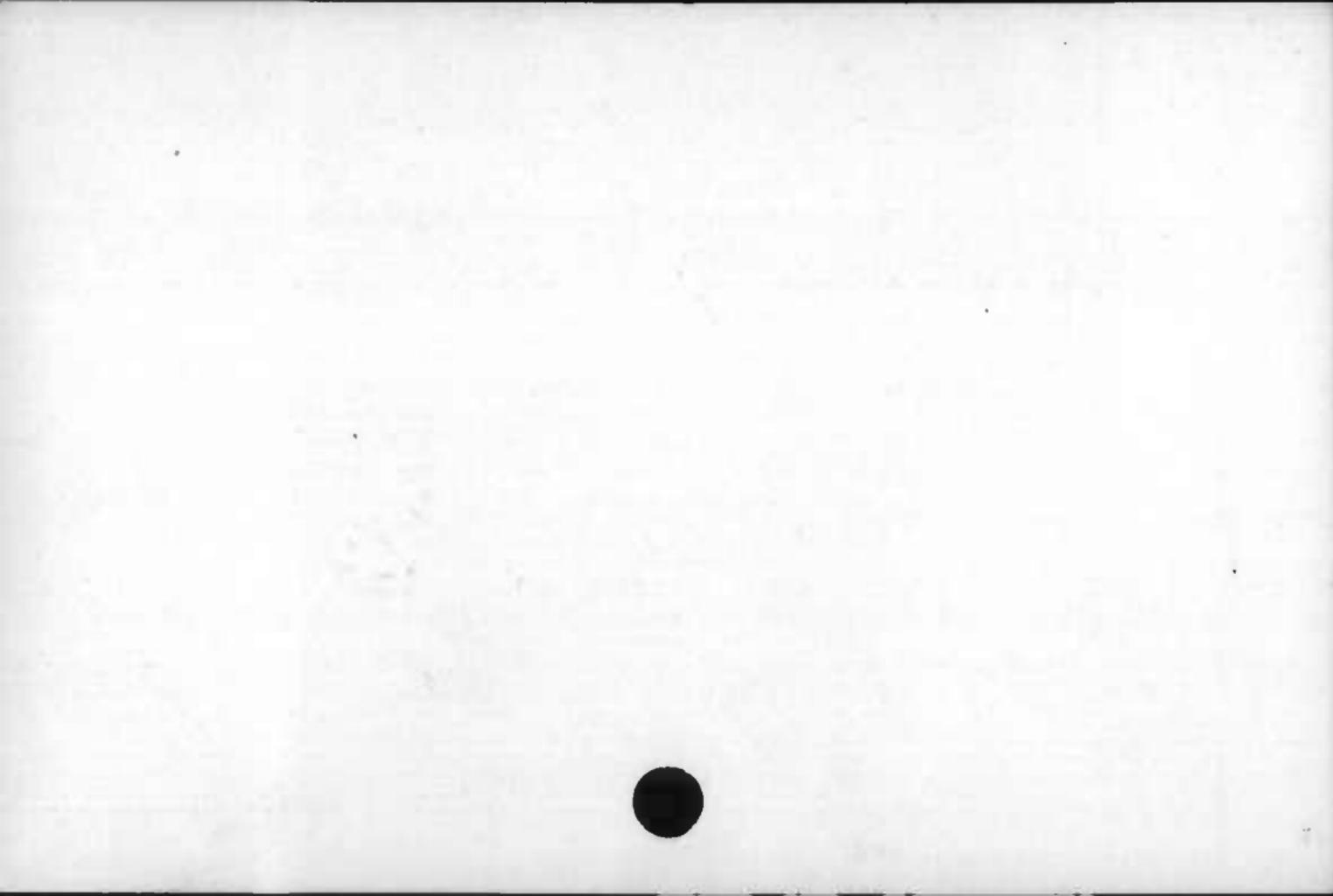
Signature of
Physician

Address

E. F. Smith
Centreville Md.

Accident or Suicide?

No.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Annie Elizabeth Covington

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1909	Month 4	Day 17	Years 47	Months 8	Days 2	
Sex	Female	Color or Race	Wife				
Occupation	House wife						Where Residing if not et place of death
Married, Single or Widowed	married	Name of Wife or Husband	Ebasis S. Covington				
Father's Name	Samuel R. Chance						Father's Birthplace
Mother's Maiden Name	Alyvira Lump						Mother's Birthplace
Name of person giving Information	Ebasis S. Covington						How related to deceased

CAUSES OF DEATH

Primary

Tuberculosis

27

How long

15 yrs

Immediate

Exhaustion

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. M. D. Covington MD
100 University St
Seattle, Wash

Accident or Suicide

No

Name
in
Full

Sydia Cox

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Die at	Marion	Queen Anne			
Date of death	Month	Day	Year	Months	Days
1909	Apr	2	92		
Sex	Color or Race	Age		Birth-place	
Female	White	92		Del	
Occupation	Where Residing if not at place of death				
None	John Cox				
Married, Single or Widowed	Widow	Name of Wife or Husband			
Father's Name	Benj. Reed		Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown	
Name of person giving Information	John J. Cox		How related to deceased	Son	
CAUSES OF DEATH					
Primary	Infirmities of age		How long	Several yrs	
Immediate	exhaustion & Cardiac failure		How long	Several weeks	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. G. Simpson		
		Address	T. Berlin, Md		
Accident or Suicide		No			

154

PHYSICIAN
OR CORONER



Strikes

internment - Halona

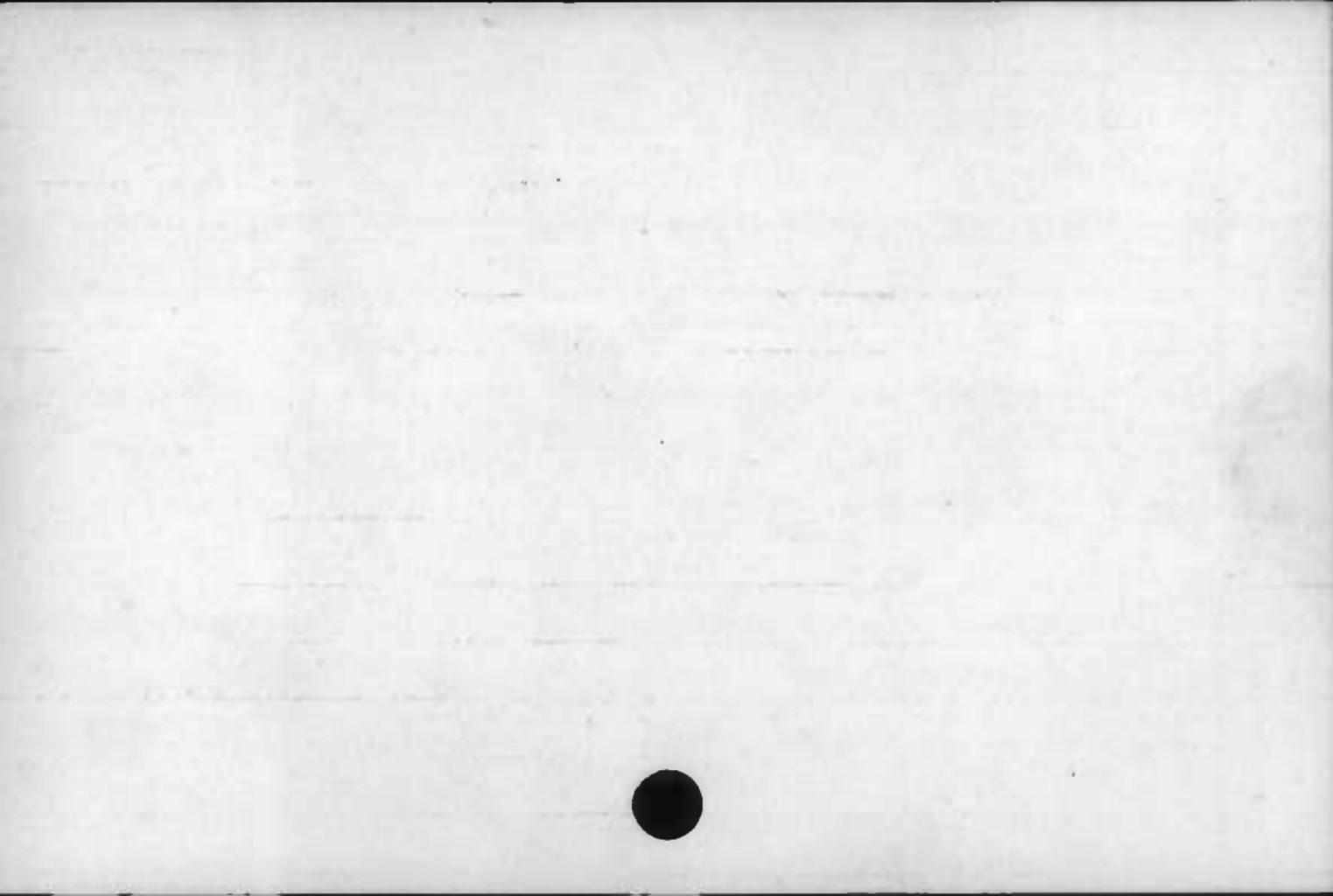
Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

William Fisher, Jr.					CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND		
Date of death	1909	Month April	Day 22	Age 76	Years	Months	Days
Sex	Male	Color or Race	Blk		Birth-place	Greenlawn C.	
Occupation	Laborer		Where Residing if not at place of death				
Married, Single or Widowed	Widower	Name of Wife or Husband	Harriet Fisher wife				
Father's Name	Adam Fisher		Father's Birthplace			Md	
Mother's Maiden Name	Mary		Mother's Birthplace			Md	
Name of person giving information	James Fisher		How related to deceased			son	
CAUSES OF DEATH							
Primary	Fell from timber wheels and wheels turning over on him			How long			
Immediate	and fracturing his skull			How long			

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Other Evidence
	Address	Storageville
Accident or Suicide?	Accident	



Name
in
Full

Mrs Susan E Fraughton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Duckerville		Duck Creek				
Date of death	1909	Month 4	Day 6	Age 66	Years	Months
Sex	Female	Color or Race	Caucasian		Birth- place	Maryland
Occupation	Housewife		Where Residing if not at place of death		At Place of death	
Married, Single or Widowed	Married	Name of Husband	Chas E Fraughton			
Father's Name	Aspet Marshall				Father's Birthplace	Maryland
Mother's Maiden Name	Mary Marshall				Mother's Birthplace	Maryland
Name of person giving Information	Chas E Fraughton				How related to deceased	Huband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

92

morning

2 weeks

Primary

Pneumonia

How long

Suddenly

Immediate

Cardiac Paralysis

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Montgomery MS

Duckerville

mf

Accident or Suicide?

32

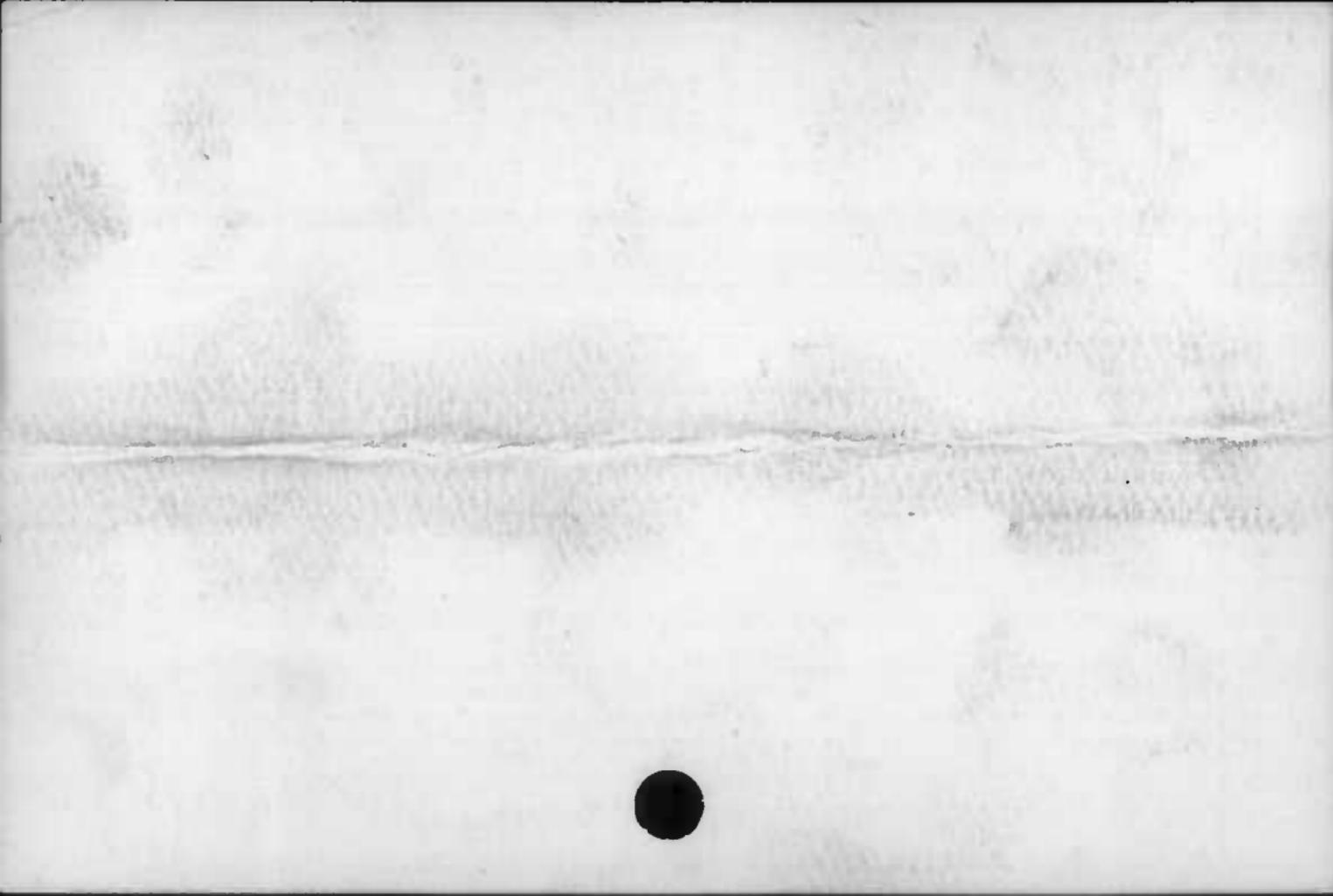


Name
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Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Margarett born Fisichy near Church Hill, Queen Anne's Co.						CERTIFICATE OF DEATH	
Died		Town	County		MARYLAND		
Date of death	1909	Month April	Day 27	Years Age 61	Months 4	Days 14	
Sex	Female	Color or Race	Black		Birthplace	Queen Anne's Co.	
Occupation	Housework		Where Residing if not at place of death		At place of death		
Married, Single or Widowed	Widow	Name of Wife or Husband	John Fisichy		Father's Birthplace	D. & C. Md.	
Father's Name	Henry Blasse				Mother's Birthplace	Unknown	
Mother's Maiden Name	Unknown				How related to deceased	Son	
Name of person giving information	William C. Fisichy				120		
CAUSES OF DEATH							
Primary	Chronic nephritis & dropsy		8 weeks				
Immediate	Cathartica and dropsy		10 days				
Are the name, age, sex, color, date and place correctly given above?			Yes		Signature of Physician	W. L. Campbell	
					Address	Church Hill	
Accident or Suicide					Dad.		



Name
in
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Annie Gilbert
Town: Stevensville
County: Queen Anne

MARYLAND

Died at Stevensville Date of death 1909 Month April Day 17 Age 74 Years Months Days

Sex Female Color or Race Colored Birth-place Dor 6 1909

Occupation Laborer Where Residing if not et place of death

Married, Single or Widowed Widower Name of Wife or Husband Jacob Gilbert

Father's Name Don't know Father's Birthplace Johnson

Mother's Maiden Name Don't know Mother's Birthplace Johnson

Name of person giving Information Jno W Dixon How related to deceased Son-in-law

CAUSES OF DEATH

154

Primary

Age

How long

5

Immediats

Debility + Exhaustion

How long

5

Are the name, age, sex, color, date and place correctly given above?

yes

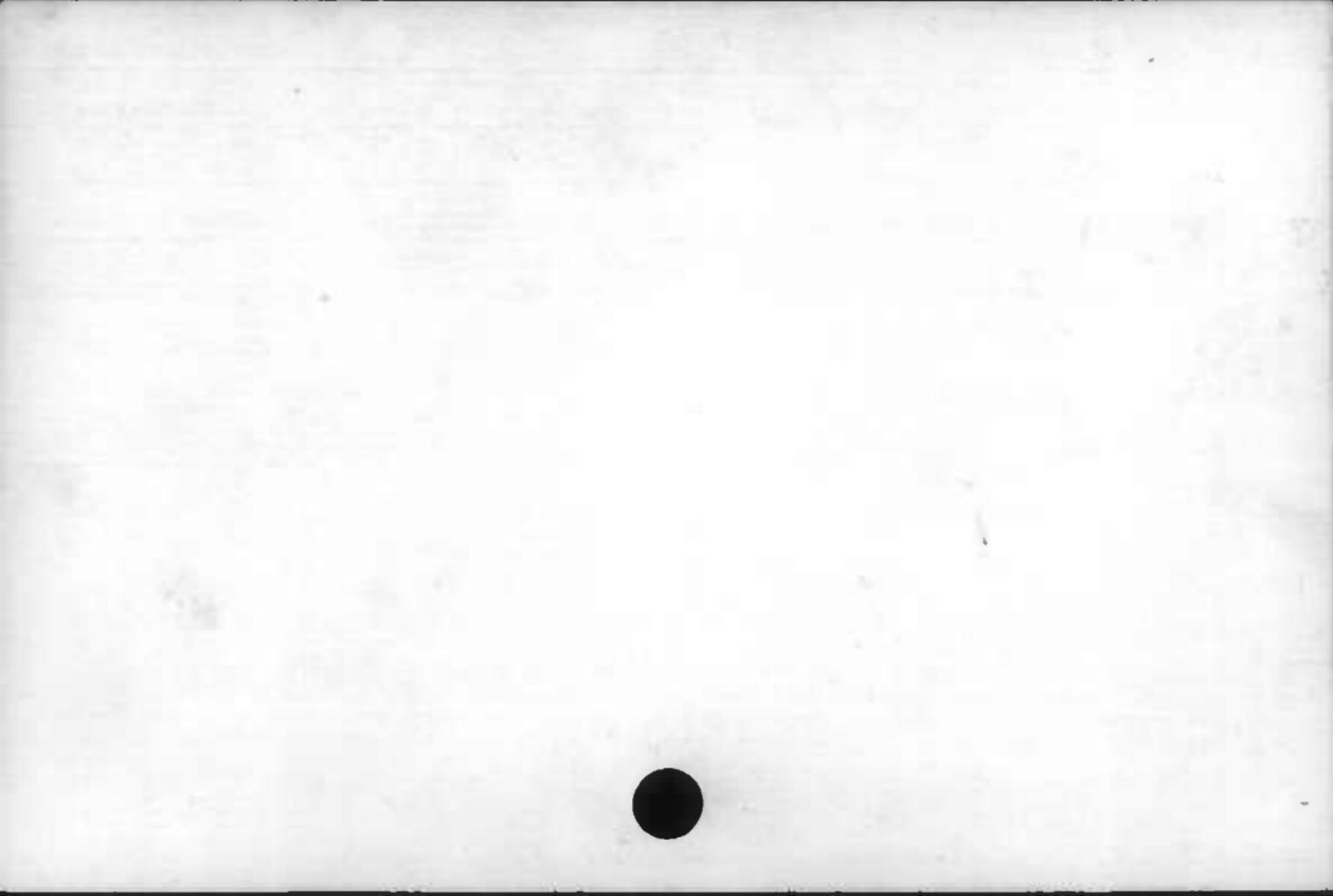
Signature of Physician

Address

Wm. Henry
Stevensville
Md

Accident or Suicide

No

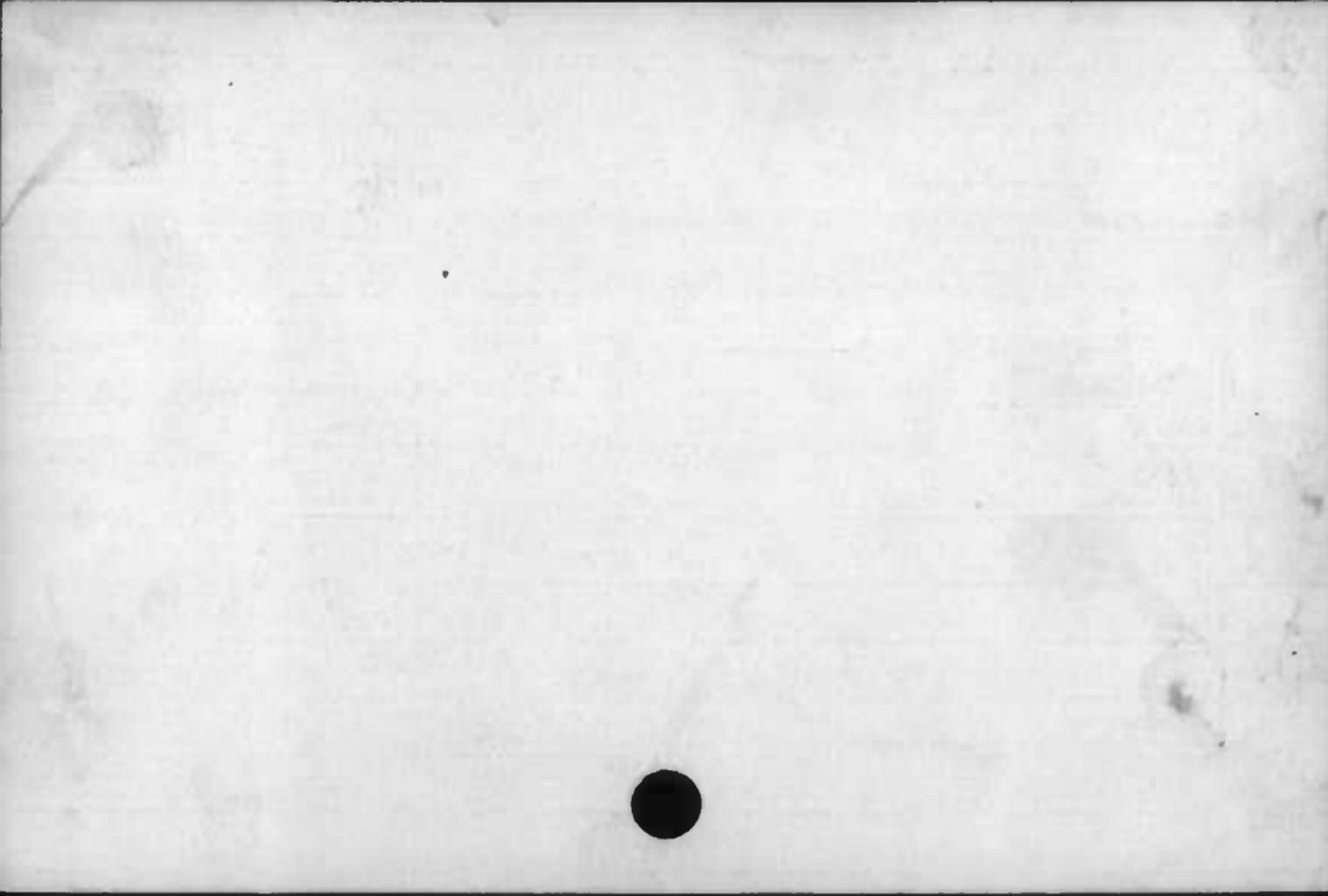


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

J. Lockerman Goldsboro						CERTIFICATE OF DEATH
Died at Queenstown			County Queen Anne			MARYLAND
Date of death 1909	Month April	Day 12th	Age 71	Years 4	Months 18	Days
Sex Male	Color or Race White	Birth-place Centreville, Md.				
Occupation Justice of the Peace			Where Residing if not at place of death at home.			
Married, Single or Widowed	Name of Wife <input checked="" type="checkbox"/> Husband		Mary L. Goldsboro			
Father's Name	Dr. R. L. Goldsboro		Father's Birthplace	Unknown		
Mother's Maiden Name	Elizabeth		Mother's Birthplace			
Name of person giving information	Mary L. Goldsboro		How related to deceased	wife		
CAUSES OF DEATH						104
Primary	Indigestion			How long	one hour	
Immediate	Cardiac Failure			How long	5 minutes	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	W. W. Shires		
			Address	Queenstown, Md.		
Accident or Suicide?						



Name
In
Full

John Medford Juncip

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at
Newarkville

Town
County

MARYLAND

Date of death 1909 Month 4 Day 13 Years Months 8 Days 23

Sex male Color or Race Caucasian Birth-place Newarkville

Occupation

nursing

Where Residing if not
at place of death

Place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Harry Juncip

Father's
Birthplace

Newarkville

Mother's
Maiden Name

Elma Barker

Mother's
Birthplace

Newarkville

Name of person giving
Information

Harry Juncip

How related
to deceased

Father

CAUSES OF DEATH

92

Primary

Pneumonia

How long

5 days

Immediate

Cardiac Paralysis

How long

1 hour

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. M. Gossage MD
Newarkville
M

Accident or Suicide?

no



Name
in
Full

Still Born

Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died Date of death 1909		Town Month April	County Day 24	Years Age	Months	Days
Sex Male	Color or Race Black	Birth-place Near Church Hill				
Occupation		Where Residing If not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband					
Father's Name Unknown	Father's Birthplace Unknown					
Mother's Maiden Name Mary Ella Lewis	Mother's Birthplace Green Anne					
Name of person giving Information James H. Lewis	How related to deceased Grandfather					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still Born

How long

Immediate

Still Born

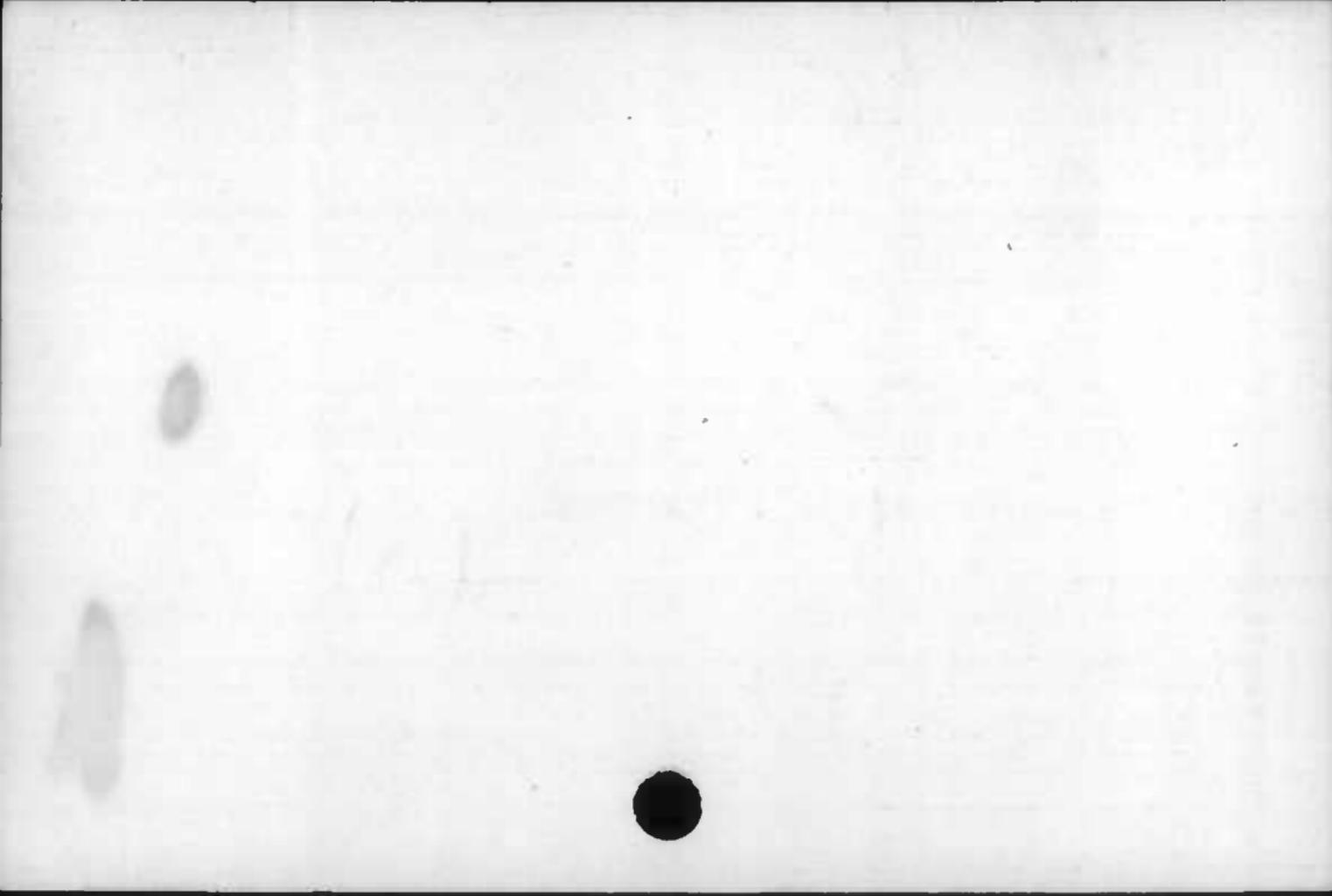
How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Silas E. Meyers

Died at near Baseline

Date of death 1904 Month 4 Day 14

Sex Male Color or Race Black

Occupation ditch-digger

Married, Single or Widowed

Father's Name Hal Meyers

Mother's Maiden Name Sogt Kress

Name of person giving Information

County Queen Anne

Age 70 Years

Birth-place Md-

Where Residing if not at place of death

Sarah E. Meyers

Father's Birthplace Md-

Mother's Birthplace Sogt Kress

How related to deceased

Wife

64

How long

Hours

How long

Hours

Signature of Physician

Address

Smith, Phys. to Coroner

Templin & Co. Ltd

86 Faulkner Act Cor

LIBRARY BUREAU ASBESTOS

CERTIFICATE OF DEATH

MARYLAND

Months

Days

Primary

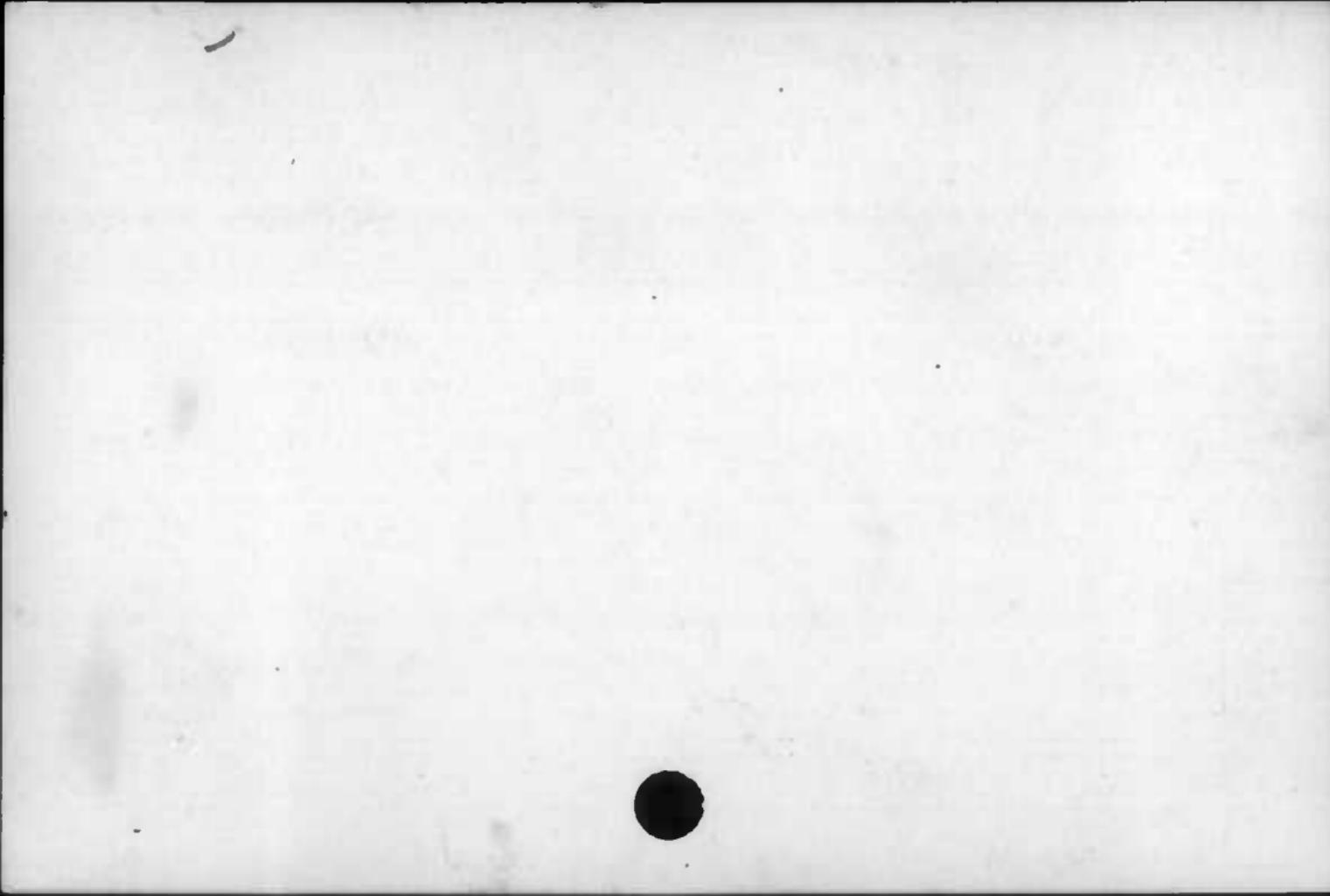
Apoplexy

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Accident or Suicide?



Name
in
Full

Agnes J. Phifer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town
Died at Staynes
County Queen Anne Co
Date of death 1909 Month 4 Day 23 Years 82 Months 10 Days 3
Sex Female Color or Race White Birth-place Lypsic Del.
Occupation None Where Residing if not at place of death Place of death
Married, Single or Widowed Widow Name of Wife or Husband Henry S. Phifer
Father's Name John Bassett Father's Birthplace Del
Mother's Maiden Name Sarah Anna Bennett Mother's Birthplace Del
Name of person giving Information Lillian Gafford How related to deceased Son in Law

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Pneumonia

93

How long

10 days

Immediate

Cardiac Arrest

How long

2 "

Are the name, age, sex, color, date and place correctly given above?

77

Signature of Physician

Address

Physician
Dr. William
Gilligan

Accident or Suicide

ans



Name
in
Full

Orvelon Porter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mar	Town	County	MARYLAND		
Died at	Queens Town	Queens Annie	Month	Months	Days
Date of death	1909	Month	Age	Years	Age
	April	16	23	9	6
Sex	Female	Color or Race	white	Birth-place	Birth-place
Occupation	house wife	Where Residing if not near at place of death	Queens Town		
Married, Single or Widowed	Married	Name of Wife Husband	Vernon Porter	Father's Birthplace	not known
Father's Name	Edward Alexander			Mother's Birthplace	not known
Mother's Maiden Name	Ida Bryan			How related to deceased	not known
Name of person giving Information	Vernon Porter				Husband

CAUSES OF DEATH

27

How long

How long

Primary

Pulmonary Tuberculosis

6 mo.

Immediate

Respiratory Failure

Are the name, age, sex, color, date and place correctly given above?

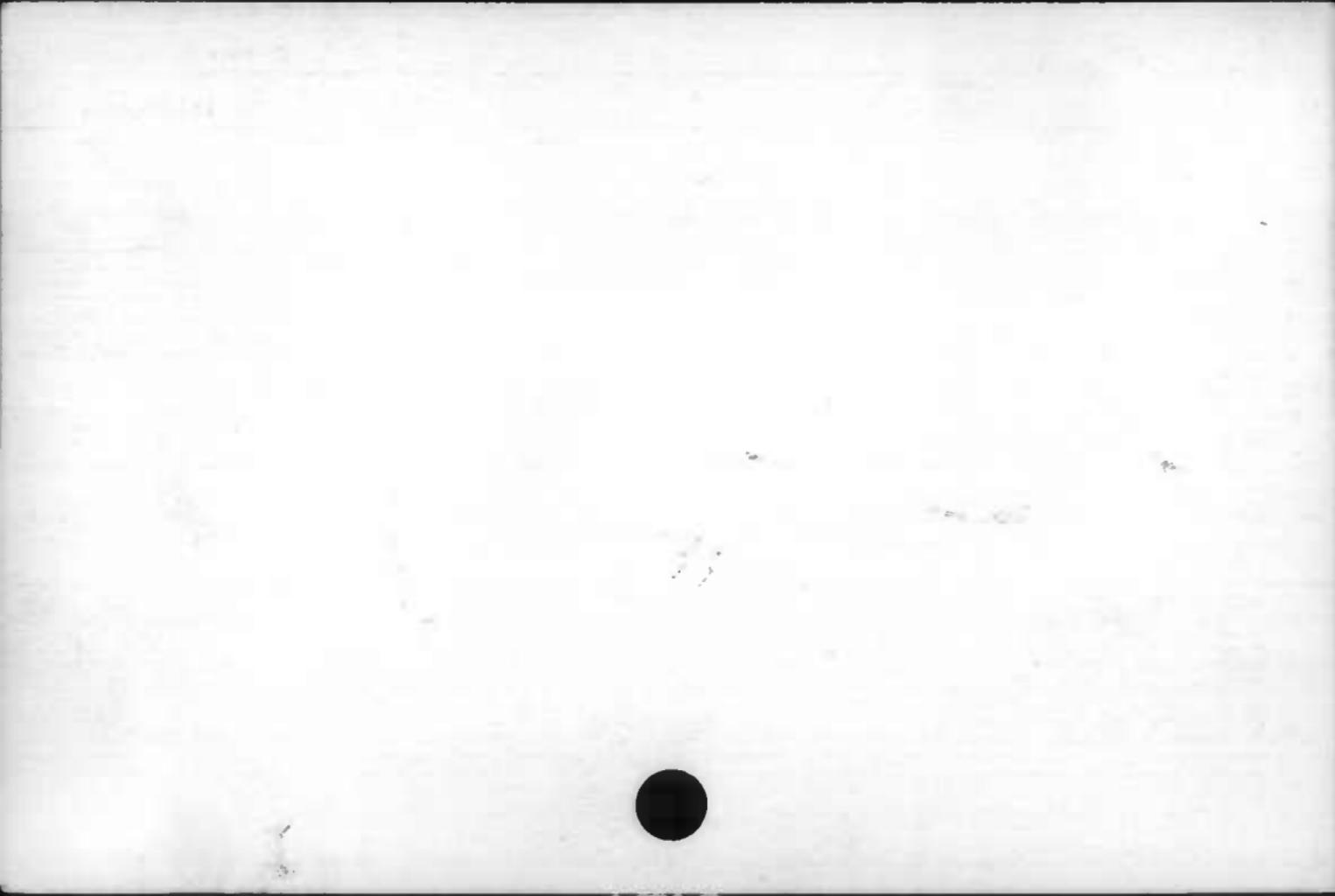
Signature of Physician

Address

Westover Md
Dr Michaels
Md.

No

Accident or Suicide



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

Virginia Louise Porter

CERTIFICATE OF DEATH

Town

Died at New Centreville

County

Queen Anne's

MARYLAND

Date of death

Apr 22 1909

Month

Day

Years

Age 70

Months

One

Days

16-

Sex

Feminine

Color or
Race

White

Birth-
place

Queen Anne's County

Occupation

None

Where Residing if not
at place of death

at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

no

Father's
Name

Graham Porter

Father's
Birthplace

Salisbury

Mother's
Maiden Name

Julia Murphy

Mother's
Birthplace

S.A.C. - Md

Name of person giving
Information

Graham Porter

How related
to deceased

Father

CAUSES OF DEATH

93

How long

6 days

How long

1 day

PHYSICIAN
OR CORONER

Primary

Double pneumonia

Signature of
Physician

Address

J. Morgan Grace
Privately

Immediate

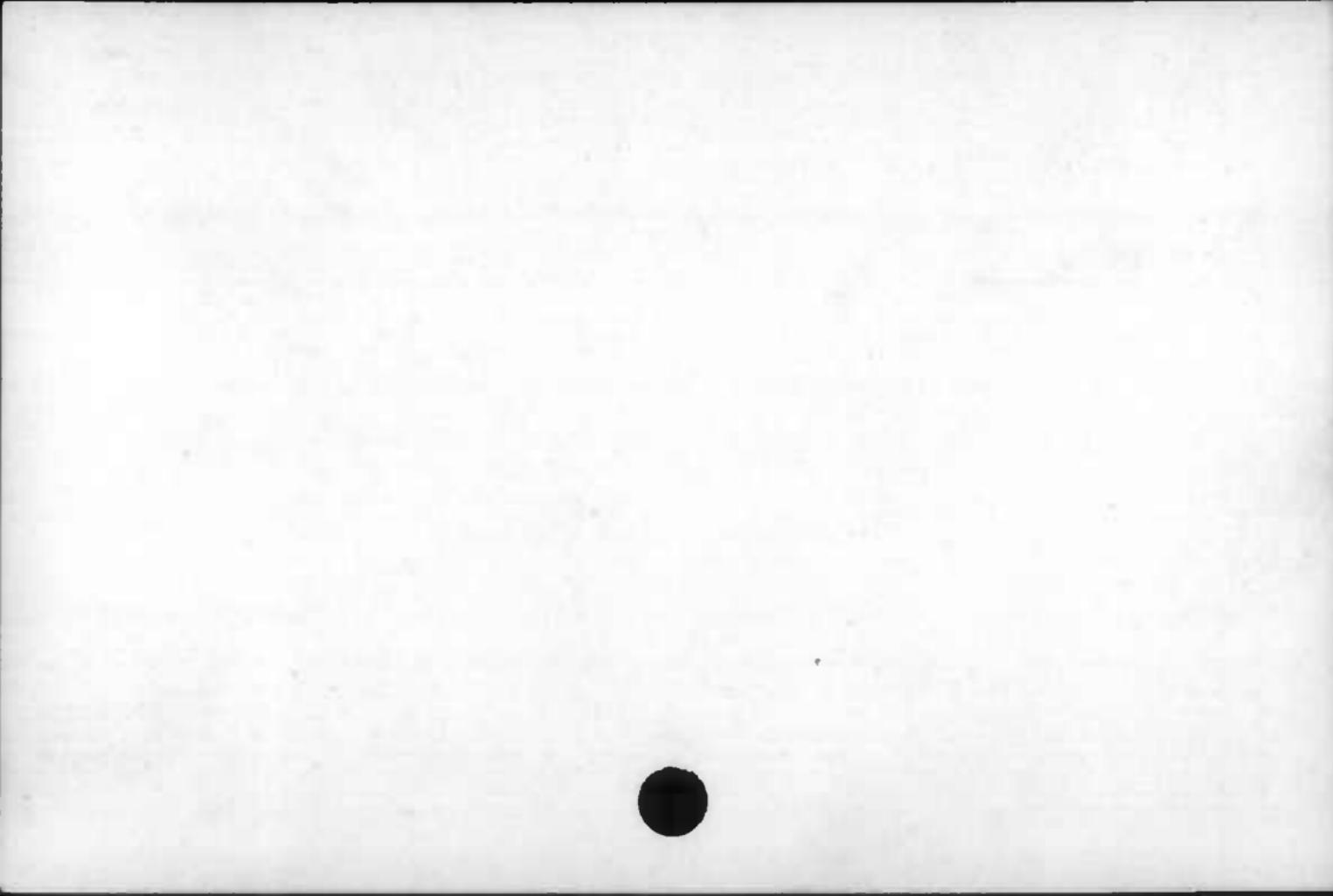
Toxemia

Are the name, age, sex, color, date
and place correctly given above?

Yes

Accident or Suicide?

no



Name
In
Full

James H. Seeney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	about 73		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Mollie Fisher		
Father's Name	James Seeney				
Mother's Maiden Name	Not known				
Name of person giving information	Daniel Seeney				

CAUSES OF DEATH

90

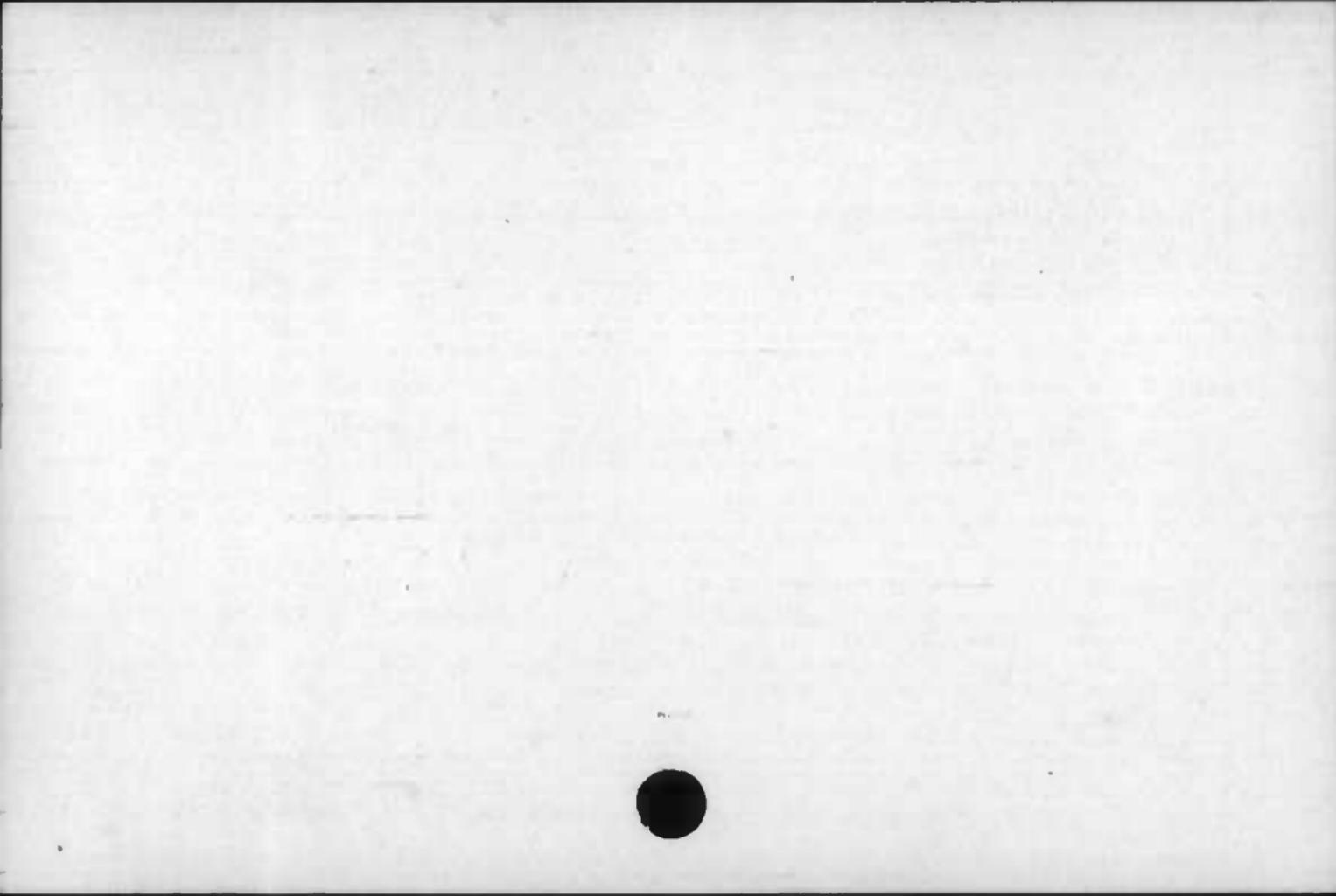
How long

One month and 7 days

How long

PHYSICIAN
OR CORONER

Primary	Bronchitis (due to exposure).	
Immediate	General Debility	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	Neither	
	R.R. No. 4, Maryland.	



Name
in
Full

Yellie C. Sparks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Year Centerville</u>		Town <u>Ola Co.</u> County		MARYLAND			
Date of death <u>1909 April</u>	Month <u>14</u>	Day	Years <u>5</u>	Age	Months	Days	<u>20</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Centerville</u>					
Occupation <u>Had none</u>	Where Residing if not at place of death <u>Year Centerville</u>						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband						
Father's Name <u>Elmer W. Sparks</u>	Father's Birthplace <u>Md</u>						
Mother's Maiden Name <u>Yellie Walter</u>	Mother's Birthplace <u>Md</u>						
Name of person giving information <u>Yellie Walter</u>	How related to deceased <u>Mother</u>						

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary

Drowning

How long

—

Immediate

Suffocation

How long

—

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

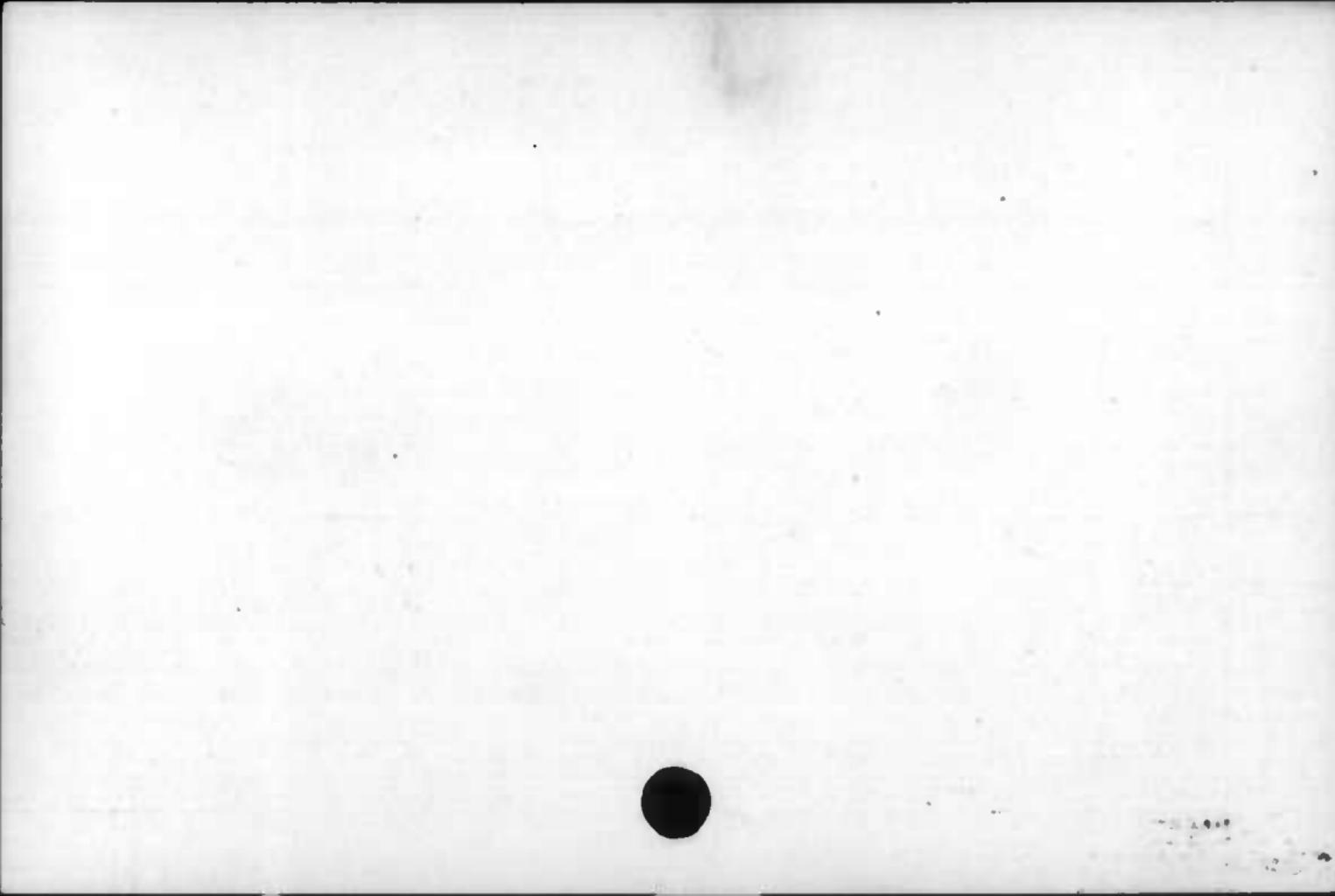
Address

E. F. Smith
Centerville

Md.

Accident or Suicide?

Accident



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at

Town

County

MARYLAND

Date
of death

Month

Day

Year

Month

Days

1909

4

9

79

11

15

Sex

Color or
Race

colored

Birth-
place

Cent L.

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Chas. Stansbury

Father's
Name

Harry Wilson

Father's
Birthplace

Cent L.

Mother's
Maiden Name

Lisie Wilson

Mother's
Birthplace

Cent L.

Name of person giving
Information

Caleb Stansbury

How related
to deceased

Son

CAUSES OF DEATH

154

How long

Primary

General Debility

How long

Immediate

Exhaustion gradual

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature
of
Physician

Address

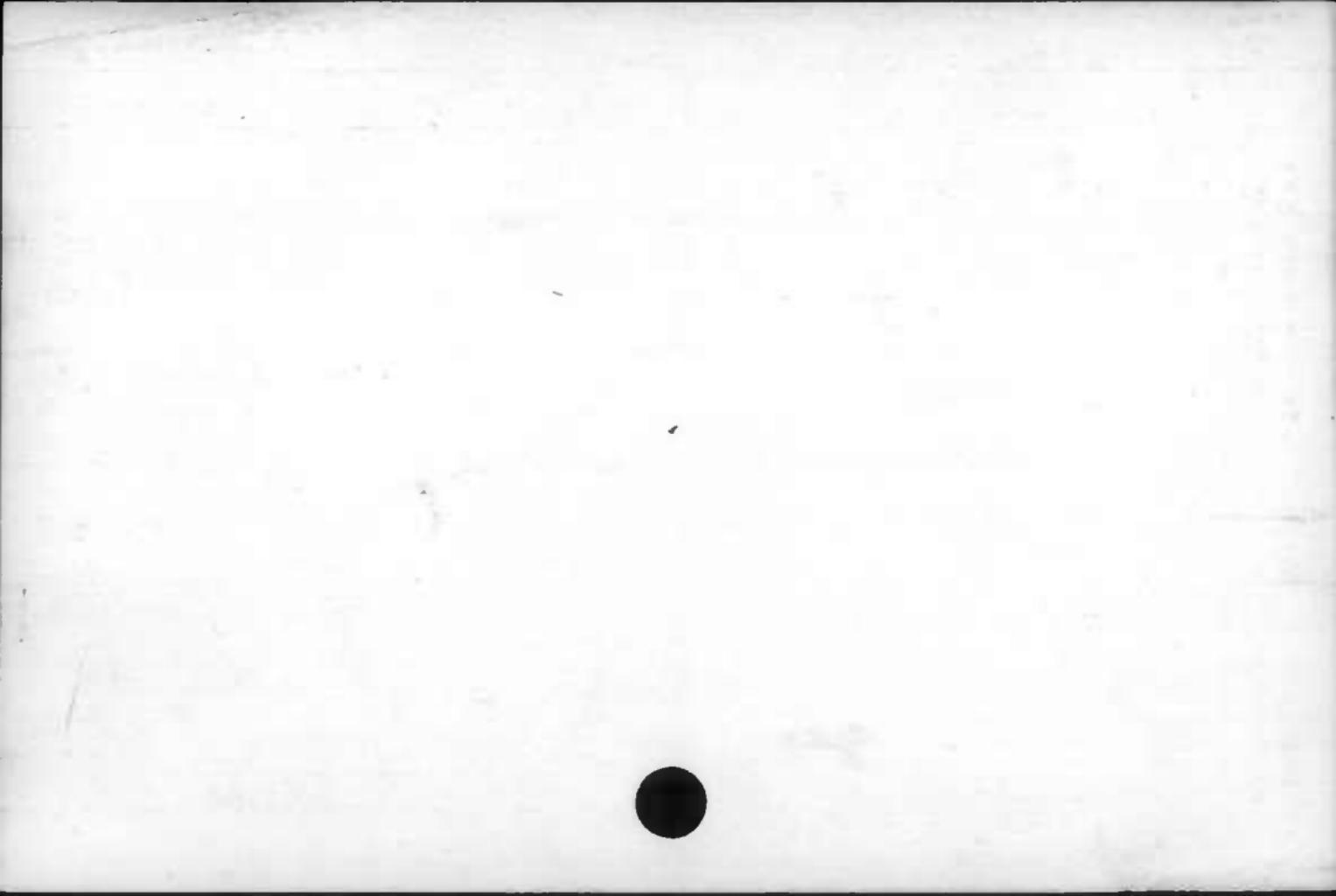
Wm. Henry

Stevensville Md

PHYSICIAN
OR CORONER

Accident or Suicide

no



Name
in
Full

James Trade Teat

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
soye river		queen annes			MARYLAND	
Date of death	1909	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age 36			
Occupation	Saber		Where Residing if not at place of death		Ballard Queen annes	
Married, Single or Widowed	Married	Name of Wife or Husband	Husband		Tuff Duract	
Father's Name	Wm Teat				Father's Birthplace	
Mother's Maiden Name	Mary Carter				Mother's Birthplace	
Name of person giving information	John R Conyer				How related to deceased	

CAUSES OF DEATH

172

How long

How long

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

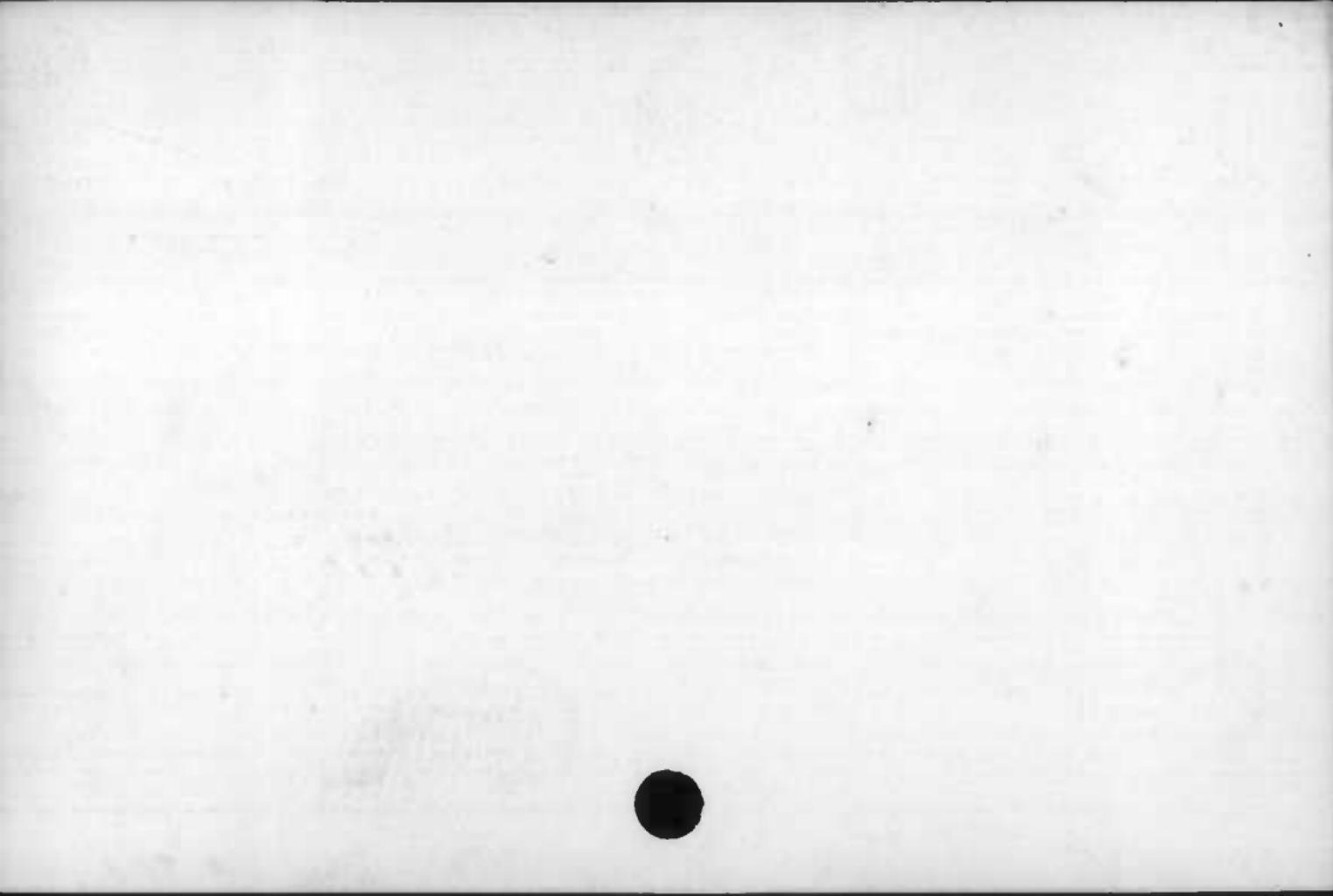
yes
Drowning

Accident or Suicide? accident

Signature of Physician

Address

Chas O Consey co
Hardware store
Md



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<i>Jacob Cummings Weeks</i>						CERTIFICATE OF DEATH	
Died at	town	County	Green Anne MARYLAND				
Date of death 1909	Month April	Day 16	Age 21	Years	Month 6	Days 15	
Sax Male	Color or Race Black	Birth-place Kent Co.					
Occupation Oysterman	Where Residing if not at place of death Weeks -						
Married, Single or Widowed Married	Name of Wife or Husband Weeks -						
Father's Name John	Father's Birthplace Kent Co.						
Mother's Maiden Name Irene Wright	Mother's Birthplace " "						
Name of person giving information Jacob Weeks	How related to deceased Father						

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

Immediate

How long

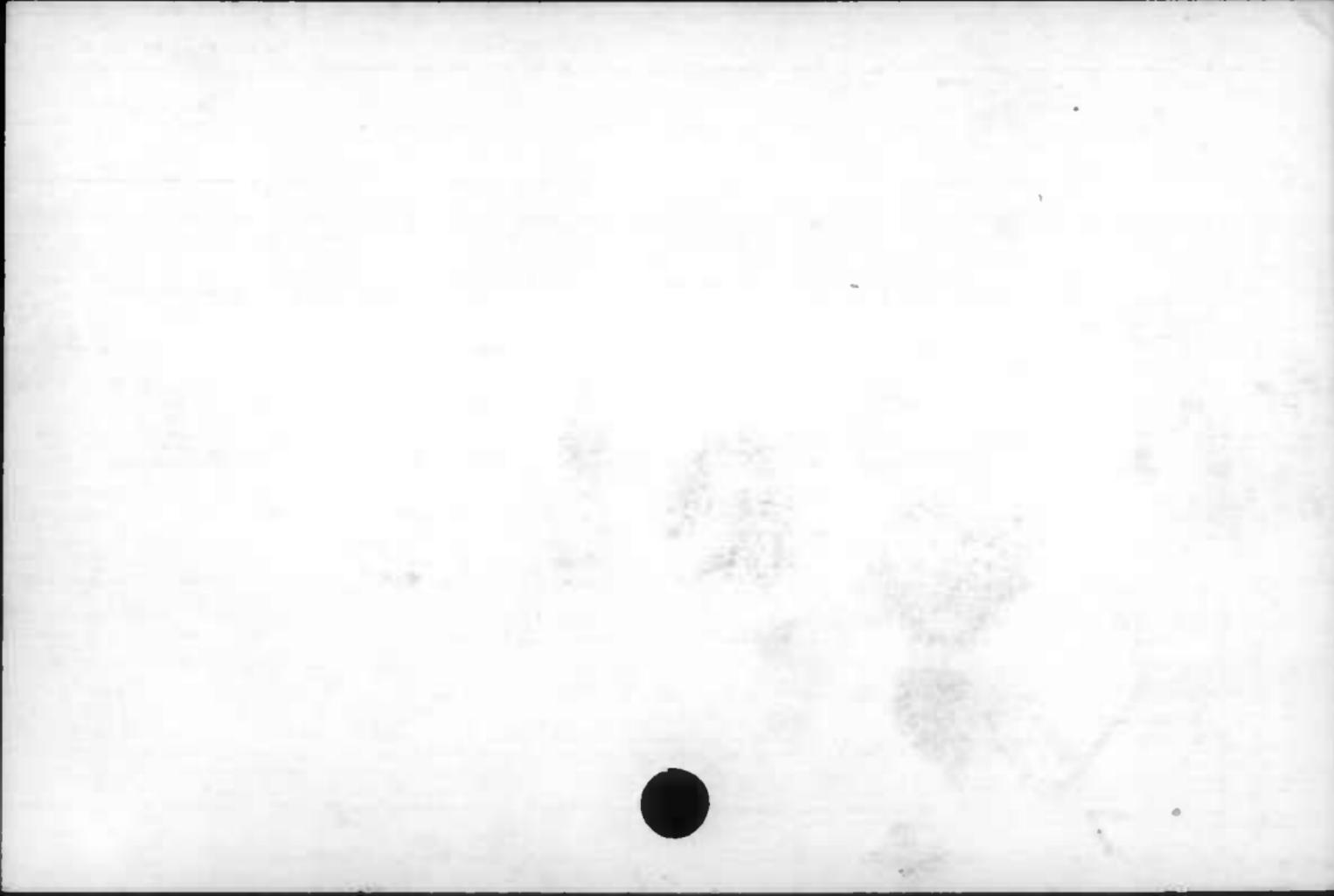
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. E. F. Hyde
Stevensville

Accident or Suicide



Name
in
Full

Charles C. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brown's Corner</u>		County <u>Anne Arundel Co.</u>	MARYLAND		
Date of death <u>1909</u>	Month <u>April</u>	Day <u>11th</u>	Years <u>20</u>	Months <u>1</u>	Days <u>10</u>
Sex <u>Male</u>	Color or Race <u>colored</u>	Birth-place <u>Brown's Corner</u>			
Occupation <u>farm hand</u>	Where Residing if not at place of death <u>Brown's Corner</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u></u>				
Father's Name <u>Wm. J. Wilson</u>	Father's Birthplace <u>Brown's Corner</u>				
Mother's Maiden Name <u>Mary J. Parsons</u>	Mother's Birthplace <u>Wicomico Co.</u>				
Name of person giving information <u>William J. Wilson</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

27

Primary Tuberculosis
Immediate Prostration

How long

Two months

How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

A. S. Dudley
Church Hill Maryland

Accident or Suicide?

